## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Priorities USA Action	C C00495861
	O
Check if X 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee Chambers Lopez Strategies	Date of Public Distribution/Dissemination
Chambers Lopez Strategies	02 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 5539	Amount
City State Zip Code	137801.14
Arlington VA 22205-0039	Transaction ID : VNTYH9SNH05 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ad Buy (estimate)  Category/ Type	02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
HILLARY RODHAM CLINTON Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought  Dist. 2016	oursement For: X Primary General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Chambers Lopez Strategies	02 24 2016
Mailing Address PO Box 5539	Amount
City State Zip Code	1907.56
Arlington VA 22205-0039	Transaction ID : VNTYH9SNH13 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ad Production  Category/ Type	02 24 7 2016
Name of Federal Candidate Support Office	ce Sought: House District: 00
HILLARY RODHAM CLINTON Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For: X Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	139708.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	02
Signature	